President's message

This year is NENA's 25-year anniversary. It is a time to celebrate emergency nurses and emergency nursing in Canada. Our membership continues to grow each year. We currently have more than 1,600 members, one of the largest specialty groups in the Canadian Nurses Association.

There are nine provincial associations. All provinces except Quebec are represented as well as the Northwest Territories. The nine provincial directors and the executive make up the board of NENA. There are two national meetings per year. The annual meeting is held in the spring in conjunction with a national or regional conference. There are also provincially sponsored educational conferences offered throughout the year.

Educational courses such as TNCC, ENPC and CATN are available through NENA. Through collaboration with our physician colleagues at the Canadian Association of Emergency Physicians (CAEP), we have participated in the development and implementation of the PEDS CTAS teaching program and the soon-to-be-released adult CTAS educational package. In response to the need to orient less-experienced nurses, NENA developed the orientation template that can be used to develop department-specific orientation programs. With the pressures experienced by triage nurses, NENA has also developed a triage education template that can assist emergency departments in developing a comprehensive triage education program.

In response to members' requests to have more communication with NENA, this spring was the official launch of the redesigned NENA website. It is a much more interactive site. Check it out at www.NENA.ca. There is one official publication, Outlook, which is published twice yearly. It continues to grow and evolve as a journal. If you are a member of NENA, you will be able to access past issues on the website.

NENA has close professional relationships with Canadian Nurses Association and CAEP as well as other professional and lay groups. We continue to work with CNA on issues of certification. With CAEP, we jointly developed and issued a position statement on overcrowding in the ED and both groups continue to keep this major issue in the political and public limelight.

While the struggles for emergency nursing are ongoing and, at times, seem to be overwhelming, we continue to grow and evolve as a professional nursing specialty.

We celebrate our past and current accomplishments this year at the national conference in Kelowna, B.C. I hope that you can join us there. Once again, the conference will be action and information packed. It provides the opportunity to network, reconnect with old friends and make new friends in a positive learning environment.

On behalf of the board of directors and executive, I take this opportunity to say, Happy 25th Anniversary! Best wishes to all emergency nurses and to those nurses who were the founders of NENA.

Carla Policicchio,
RN, MA, BScN, ENC(C)

Outlook
Guidelines for submission

Editorial Policy

1. **Outlook** welcomes the submission of clinical and research articles, case studies, and book reviews relating to the field of emergency nursing.

2. Statements or opinions expressed in the articles and communications are those of the authors and not necessarily those of the editor, publisher or NENA. The foregoing disclaim any responsibility or liability for such material and do not guarantee, warrant or endorse a product or service advertised in this publication, neither do they guarantee any claim made by the manufacturer of such product or service.

3. Authors are encouraged to have their articles read by others for style and content before submission.

Preparation of Manuscripts

1. The original copy of manuscripts and supporting material should be submitted to the **NENA Outlook** editor. The author should retain one complete copy.

2. Manuscripts must be typed, double-spaced (including references), on 8 1/2" x 11" paper with adequate margins. Manuscripts longer than one page must be submitted in a disk format in Word Perfect or Word. Submissions are accepted via e-mail to the communication officer.

3. Author's name(s) and province of origin must be included.

4. Clinical articles should be limited to six pages.

5. Direct quotations, tables and illustrations that have appeared in copyrighted material must be accompanied by written permission for their use from the copyright owner, and original author and complete source information cited.

6. Photographs of identifiable persons, whether patients or staff, must be accompanied by signed releases, such as the following: "I hereby give (author's name) authorization to use the photograph of (subject's name) in the **NENA Outlook**.

Please submit articles to:
NENA Outlook Editor,
34 Bow Street,
Dartmouth, NS B2Y 4P6
valeden@hfx.eastlink.ca

Deadline dates:
February 20 and August 16

Letter to the editor...

I am forwarding this as an example of how emergency nurses can educate the public about the emergency department. The Provincial Health Services Authority in Prince Edward Island offers monthly health columns to local newspapers. The Authority includes the Provincial Addictions Treatment Facility, Queen Elizabeth Hospital, Hillsborough Hospital and Prince County Hospital. Anita Gray, manager of the emergency department at the Queen Elizabeth Hospital, wrote a column about services and waiting times in emergency departments at the Island's two largest hospitals.

Cynthia Bryanton,
Provincial Director, PEI

Talking health

It seems that everyone has a story to tell about their trip to an emergency department. Some tell of the long wait they had, while others tell about how they got in to see a doctor right away. Why is there such a variation in wait times?

When patients arrive at an emergency department, a registered nurse assesses and triages them. The triage process determines how quickly the patient has to be seen. The nurse checks vital signs such as temperature, pulse and blood pressure. The nurse asks why the patient is there, how long they have been ill, their pain level, other health problems, allergies and medications currently being used. Triage priority is assigned according to national guidelines and determines the timeframe in which the patient will be seen. Emergency departments use the rule "worst is first" - physicians see more seriously ill patients before those who are less seriously ill or injured.

While sitting in the waiting room, patients will often see others arrive and get in to see the physician before them, even though they might not think the other person looks as sick as they feel. Not all patients who are seriously ill look sick, but they do require immediate medical attention.

Out of sight of the waiting room, there are several other areas in an emergency department where patients are seen. Patients who arrive by ambulance are triaged in the same manner as all other patients in an emergency department. Arriving by ambulance does not necessarily mean that the doctors will see the patient any faster. Some patients who arrive by ambulance require immediate attention for conditions such as heart attacks and major traumas. These types of patients may occupy physicians for several hours at a time and, as a result, less seriously ill people may have longer waits for service.

Regrettably, emergency department staff cannot give out telephone advice. When patients call in, health care providers are not able to physically see them and are therefore unable to assess how sick they really are. Staff do not tell callers the names of physicians working in the emergency department on any particular day, or discuss the current waiting time. People who are unwell and are not able to access their family doctor or a walk-in clinic in a timely manner should come to the emergency department, regardless of the waiting time or doctors on duty that day.

Nationally, hospitals are moving toward delivering more ambulatory care whereby patients remain at home and only come to the hospital for short-term treatment. The new Prince County Hospital has an extensive ambulatory care service. The Queen Elizabeth Hospital has some ambulatory services, but they are not yet comprehensive or centralized in a single location. As a result, many patients requiring treatments such as IV antibiotics or dressing changes come to the emergency department. They do not require the services of a physician and are looked after by the nursing staff as soon as possible. This may include patients who are seeing a medical specialist or the mental health crisis response nurse.

Every attempt is made to see each patient in a timely fashion, however, unavoidable waits do occur. Wait times are influenced by many factors including the number of patients in the emergency department at any given time, the seriousness of each patient's condition, availability of an appropriate treatment room to assess and manage the patient's particular problem and the number of admitted patients waiting for an inpatient bed.

The dedicated staff, management and physicians in the emergency department are working to ensure appropriate staffing is in place and to develop better patient flow to help address the wait-time issue. Work is also underway to redesign the Queen Elizabeth Hospital emergency department to develop improved access to non-urgent ambulatory care.

The QEH emergency department works closely with the PCH emergency department and other regional emergency departments to provide the best possible service to those with urgent medical needs. This sometimes requires referrals between hospitals for specialty services when a specialist is available only at another location.

The family physician's office and evening clinics are strongly recommended for receiving non-urgent health care, however, emergency departments are there 24 hours a day, seven days a week to address pressing health concerns.

Editor's Note:

An apology to Marg Smith's husband Bill who was in error called Bob Smith in the last issue of Outlook.

The Annual Emergency Nurses Interest Group (ENIG) Conference
"Emergency Nurses Everyday Heroes…Each and Every Day"
At the Executive Resort in Kananaskis, September 29-October 2, 2005, with a pre-conference workshop on September 29.
Check for more details at **www.nena.ca/enig**

2005 Canadian Injury Prevention and Safety Promotion Conference
"Evidence to Action: Injury, Violence and Suicide Prevention"
November 6-8, 2005, Westin Nova Scotia Hotel, Halifax, Nova Scotia.
Call for Abstracts: **Deadline April 30, 2005.**
Website: **www.injurypreventionconference.ca**

CALL FOR ABSTRACTS

NENA National Conference – May 4–6, 2006

Ottawa, Ontario

"Stayin' Alive"

The National Emergency Nurses' Affiliation, Inc. (NENA) would like to announce a Call for Abstracts for our National Conference in May 2006. The conference will be held in Ottawa, Ontario, at the Westin Hotel. The theme of the conference is "Stayin' Alive", with a focus on relevant clinical practice, education and research, ways in which nurses are taking care of themselves and how emergency nurses continue to provide excellent patient care despite the many challenges that are faced.

We welcome the submission of abstracts for poster presentations, individual podium presentations, workshops and symposia.

Abstract Instructions

Submissions

- The deadline for submission is June 1, 2005.
- The submission of abstracts will be acknowledged upon receipt.
- A review and selection will be made by the abstract review subcommittee of the NENA 2006 planning committee.
- Selections will be completed and acknowledged by June 30, 2005.
- Successful presenters must indicate their commitment to participate by July 15, 2005.

Format

- Written in English and a 500-word maximum.
- Electronically submitted in Microsoft Word to: stayinalive2006@ottawahospital.on.ca
- The abstract should include title, purpose, summary of content and implications for practice.
- A cover page should be included which identifies the abstract title and the author's name(s), credentials, current position, address for correspondence, e-mail address and phone number.

Other information

- Concurrent presentations will be 60 minutes in length with a 10-minute question period included.
- Keynote speaker presentations will be 75 minutes in length with a 10-minute question period included.
- Poster presentations will be displayed in prominent locations throughout the conference.

Abstract Review Subcommittee of the NENA 2006 Planning Committee
Ottawa, Ontario
stayinalive2006@ottawahospital.on.ca

Emergency nursing in a postcard: Banff National Park

By Pam Little, RN, Alberta

Banff National Park, Canada's oldest national park, was established in 1885 to protect the land for public understanding, appreciation and enjoyment while maintaining the park unimpaired for future generations. Located on the eastern slopes of the Rocky Mountains of Alberta and near the border of British Columbia, the park covers 6,641 square kilometres (2,564 square miles) of mountains, valleys, forests, meadows, rivers, lakes and glaciers. In 1985, Banff National Park was included in the UNESCO World Heritage Site of the Canadian Rocky Mountain Parks. More than four million visitors are welcomed to Banff National Park each year.

Most visitors to Banff National Park come for rest and relaxation and do not plan to be injured, ill or die in the park. Yet, with the volume of vacationers in a wilderness setting and others driving through the park on one of several highways, tragedy is bound to find its victim.

Emergency nurses in Banff work in a unique setting and deal with many unusual situations. The problem-solving and critical thinking abilities of the nurses are continually tested. Providing a high level of emergency nursing care to the ill and injured is the most important aspect of the emergency nurses' role. However, tourists present with needs not often encountered in the typical rural emergency department. It is not unusual to find the emergency nurse booking rooms at a local hotel or assisting with transportation issues. Locating an interpreter to assist with diagnosing and caring for the out-of-country patient is not extraordinary. Taking photos of the patient for the folks back home or posing for photos is often part of the emergency nurses' day. Nurses establish international relationships with insurance companies, tour guides and families as part of their nursing practice. Nurses must utilize community support in creative ways. For example, I had to find clothes for a woman whose belongings were last seen floating down the Bow River after a vehicle rollover into the river.

Kathleen O'Connor arriving at work at Banff Mineral Springs Hospital.

Sustaining an injury or having a loved one die while on vacation can be devastating. The emergency team has to deal with the person experiencing the initial shock, loneliness and then the reality of what to do next when someone is injured, dead or ill. This is truly family and patient-centred care. Banff Mineral Springs Hospital emergency nurses have a long history of providing this type of care to park visitors.

Dr. Brett, a Canadian Pacific Railway surgeon, cared for local people out of a boxcar on a siding in Banff until he established the first hospital in 1887. Records state that he cared for injured workers, delivered babies and provided medical care for those ill with typhoid due to poor sanitation. Dr. Brett's hospital cum spa/sanitarium was frequented by people seeking treatment for arthritis and rheumatism with the piped-in thermal waters of Sulphur Mountain. Dr. Brett sold his hospital to the Sisters of St. Martha, a Catholic order of nuns from Antigonish, Nova Scotia, in 1930.

Being a hospital in a tourist destination had its benefits for the nuns. During the depression, one Sister said they were "always grateful to see an American patient those days because he would probably be able to pay his bills". In 1942, the first emergency room was designated in the hospital to care for the rising number of tourists. In 1952, before the days of Medicare, the Sisters of St. Martha rented hospital rooms to tourists to raise money to keep their hospital open. The Sisters recognized the need for medical and nursing care in the environs of Banff National Park. To keep pace with the growing tourist numbers in the region, the Sisters of St. Martha, with the help of the community of Banff, built a new hospital in 1958. This building was replaced by the present hospital built in 1987. Today, Banff Mineral Springs Hospital provides emergency care and services to approximately 16,000 patients annually.

Emergency services in Banff National Park are a collaborative effort. The Mineral Springs Hospital emergency department and ambulance service, Parks Canada Public Safety Wardens, Banff and Lake Louise Fire and Rescue Departments, the Royal Canadian Mounted Police detachments, Bow Valley Victim's Assistance Program, the ski area Professional Ski Patrollers and a medical clinic in Lake Louise townsite work together to provide emergency services.

Statistics for cause of deaths and injuries in Banff National Park (BNP) are sketchy. Existing records and anecdotal evidence point to motor vehicle collisions as a major cause of death and injury. The Trans Canada Highway plus two other major highways (93 north & south) run through or near the park. Many of the deaths and injuries that occur in BNP are unique to the park's wilderness. Parks Canada Wardens carry out an average of 130 search and rescue missions per year in BNP and the surrounding mountain parks. There are an average of 12 deaths per year related to outdoor recreation in Banff National Park.

In 2004, there were 21 deaths that occurred in the park. Twelve of these deaths occurred during the following outdoor recreation activities: mountaineering, ice climbing, hiking, scrambling, ski touring, kayaking, cycling, snowshoeing, and camping. Most of these deaths were related to trauma sustained in avalanches, falls, drowning, lightning strikes, and a suicide. Three deaths were related to cardiac arrest and one to a brain aneurysm that occurred while hiking. The remaining deaths resulted from motor vehicle collisions. There were no deaths related to wildlife encounters in 2004, but several traumatic injuries such as puncture wounds, contusions, bites and tears were documented. Close encounters by tourists with mountain sheep, bears, cougars, elk, deer and ground squirrels can cause injury and death. Perhaps the most publicized cause of death in the park is bear attacks. Avalanche deaths also receive more press nationally, especially since the Trudeau death.

Snowboarding has increased the patient numbers in the Banff emergency department over the past 10 years. Predominant injury patterns seen in snowboarding are related to wrist, back, spleen and head injuries. Falls while skiing continue to cause knee, leg, shoulder and head injuries. Emergency nurses and physicians at Banff Mineral Springs Hospital become experts in providing procedural sedation to accommodate fracture and dislocation reductions.

The amount of teaching that occurs in the Banff emergency department by nurses and physicians is worth mentioning. A typical patient requires teaching about their new appliance, injury prevention, road, work and sport safety equipment, rehabilitation and physiotherapy. An occupational therapist, several physiotherapists, three family physician clinics, a plastic surgeon and two orthopedic surgeons provide follow-up care to emergency patients in Banff National Park.

Emergency nurses have many stories about the care provided to patients and families experiencing injuries, illnesses and deaths in Banff National Park. The unique features, the tragic circumstances and unfortunate victims provide additional dimension to emergency nursing in our postcard lives of Banff National Park.

References

Parks Canada. (2005). **Record of Deaths Banff National Park.**

Parks Canada: National Parks. Retrieved January 20, 2005, from www.parkscanada.ca

Whyte, J. (1980). **Commemorative Booklet: Mineral Springs Hospital.**

NENA's "Win a trip to the national conference" contest rules

NENA Inc. will biannually sponsor a NENA member's attendance at the national conference/AGM, for an article published in **Outlook.** The winner will be chosen by lottery.

1. The contest will be advertised in **Outlook.**
2. Provincial representatives are encouraged to promote the contest among their membership.
3. Articles must be submitted directly from the author. Provincial newsletters forwarded to the communication officer for selection of items to include in **Outlook** will not be considered in the lottery. Please refer to the submission guidelines included with this issue.
4. Primary author's name will be entered into the draw (in the event of multiple authors).
5. Names will be entered into the draw beginning with the spring 2005 edition of **Outlook** and ending with the fall edition of 2005.
6. The communication officer will maintain a record of names entered into the lottery.
7. The NENA president will randomly draw the name of the winner.
8. The NENA president (or delegate) will notify the winner and will communicate with the winner to ensure conference registration, hotel booking at the convention rate, and travel arrangements are made at the most economical rate to the maximum value of $2,000.00.
9. The draw will occur in January prior to the national NENA conference to allow the winner to arrange his or her time off to attend. In addition, this allows time to obtain the best fares and booking of a hotel room at conference rates.
10. The winner of the lottery will have three weeks in which to accept his or her prize. In the event the winner is unable to claim his or her prize, a second name will be drawn. The prize is non-transferable.
11. The winner will make his or her own travel arrangements.
12. The winner's name will be published in **Outlook.**
13. The winner must be a NENA member at the time of submission.
14. NENA board of directors and **Outlook** section editors are exempt.
15. Articles are published at the discretion of the communication officer.
16. NENA board of directors has approved the contest rules.

The next National Emergency Nurses Conference is in Ontario in 2006.